

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 95

Registered No. 156

County Pinal State Arizona

Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____

2. Full name of child Maria Louisa Miranda (If birth occurred in a hospital or institution, give its NAME instead of street and number) (If child is not yet named, make supplemental report, as directed)

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? Yes 8. Date of birth Nov 21 1922 (Month, day, year)

9. Full name of FATHER Angel Miranda 18. Full maiden name of MOTHER Rita Santos

10. Residence (usual place of abode) Hayden 19. Residence (usual place of abode) Hayden (If non-resident, give place and state)

11. Color of race Mex 12. Age at last birthday 7 (Years) 20. Color of race Mex 21. Age at last birthday 24 (Years)

13. Birthplace (city or place) Chihuahua (State or country) Mex 22. Birthplace (city or place) Chihuahua (State or country) Mex

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Factory</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bark, etc. <u>Miner</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>
16. Date (month and year) last engaged in this work _____	25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2:15 A. M. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or, should make this return

ven named added from 441-1121-922 (Date of) _____

(Signed) Charles B. Huth M.D.

or _____ Midwife

Address Hayden Arizona

Filed Nov 23, 1922

Registrar

Regis